

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1					51				
2	1					52				
3	1					53				
4	1					54				
5	1					55				
6	1					56				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
T. TAL IND.	1					TOTAL IND.				
TOTAL DEP.	1	1	1	1	1	TOTAL DEP.	1	1	1	
TOTAL CLAIMS	1	1	1	1	1	TOTAL CLAIMS	1	1	1	